PAIE	T APPLICATION Substitute	FEE DETERMIN for Form PTO-875	U.S. Patent and Trademark i espond to a collection of information u ATION RECORD	d for use through 7/31/2006. OMB 06: Office: U.S. DEPARTMENT OF COMM nless it displays a valid OMB control of Additional Control of
	•			Application Doctor Number
	CLAIMS AS FILED -	PARTI		0///
FOR	(Courte 1)	(Column 2)	SMALL ENTITY	OR OTHER THAN
BASIC FEE	NUMBER FILED.	NUMBER EXTRA		SMALL ENTITY
(37 CFR 1.16(e)) FOTAL CLAIMS			RATE FEE	RATE EE
(37 CFR 1.15(ct)		T	,	1
INDEPENDENT CLAIMS	minus 20 +	ļ	X S =	OR 1-
	minus 3 a	·		OR X.s #
MULTIPLE DEPENDENT CLA	M PRESENT (37 CF	R 1.16(d))	X 5 =	OR X \$
				OR .
* If the difference in column	is iess than zero, enter "O	"in calumn 2	TOTAL	Un 1+5
CLAIMS	AS AMENDED - PA	RT II		OR TOTAL
7-5-16			•	
		olumn 2) (Column 3	1	
		HEST	SMALL ENTITY	OR OTHER THAN SMALL ENTITY
A TO AMENO	ER PREV	MBER PRESENT YOUSLY EXTRA	RATE - ADDI-	
S OZ CERLISON	2 Minus 1	FOR	TIONAL FEE:	RATE ADDI-
Independent . (37 CFR 1.16(b))		35	x, 25 =	FEE
	Minus	5		OR X150.
FIRST PRESENTATION OF N	LUL TIPLE DEPENDENT CI AIL	/17 OFD 4	×1/00.	OR x 200=
7/11/2		(37 CFH 1.18(d))	+1800	
14/6	•	· ·	ADDY ESE	TOTAL
(Column CLAIM)	(Law	mn 2) (Column 3)	O COURTER CO	R ADD'L FEE
. REMAINI	VG HIGHE	ST POESENT		
AFTER AMENDME	NT PREVIOU	ISLY FXTRA	RATE ADDI.	RATE ADDI
(37. GFR 1,16(c))	Minus "	DR =	TIONAL	RATE ADDI- TIONAL
Independent D7 CFR 1.160/II	Minus		x135 .	. FEE
		1/	x:100= OR	
FIRST PRESENTATION OF MULT	TIPLE DEPENDENT CLAIM	37 CFR 1.16(d))	OR.	x:200=
·			+s/BO= OR	·360.
(Column 1)			ADD'L FEE OR	TOTAL
CLAIMS	(Cotumn :	(Column 3)		ADD'T FEE
REMAINING AFTER	HIGHEST NUMBER	PRESENT	Dawn .	
AMENDMENT	PREVIOUSL PAID FOR	Y EXTRA	RATE ADDI- TIONAL	RATE ADDI-
CFR (.fo(cf)	Minus	T= -	FEE	TIONAL !
opendent OFR 1.16(p))	Minus	╂╤╼╼═┤╏╩	x <u>\$ 25</u> = OR	x:50=
ST PRESENTATION	<u> </u>		1100.	
ST PRESENTATION OF MULTIPL	E DEPENDENT CLAIM (37 C	FR 1 10001	OR L	x: 200-
			S/BO= OR OR	+360
entry in column 1 is less that Highest Number Previously	the entry in columnic with	At le 10° lo cultica -	DOLFEE !	TOTAL
Pure Leviousia	aid For IN THIS CO.	wers wan 20, enter ">	or found in the appropriate box in colu	ADD'L FEE
THE PROPERTY OF THE PROPERTY O	THO SPACE	5 less than 3 amar sar	or found in the appropriate box in colu- plain or retain a benefit by the public	. 1

Thi including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.